
Summary of Coverage

Employer: Metropolitan Government of Nashville and Davidson County

Group Policy: GP - 879732

SOC: 3A

Issue Date: July 31, 2003

Effective Date: June 1, 2003

The benefits shown in this Summary of Coverage are available for you.

Eligibility

Employees

You are in an Eligible Class if you are a retired employee of an employer participating in this Plan who retired on or after June 1, 2003, and at that time:

1. were covered under this Plan for Life Insurance

Your Eligibility Date is the date you retire, but not before the later of the Effective Date of this Plan or the date you enter the Eligible Class.

The Life Insurance Benefits described in this Booklet-Certificate are not available to you or your beneficiary if a Life Insurance claim described in another Booklet-Certificate issued under the group policy is applicable.

Enrollment Procedure

You will get a form to fill out. This form will be used to arrange the amount and method of your contributions. Be sure to sign and return it within 31 days of your eligibility.

Your contributions toward the cost of this coverage are subject to change. Your Employer will advise you concerning the method and amount of any required contributions. The rate of contribution per \$ 1,000 of your Life Insurance will not be increased.

**Supplement Life Insurance
Retiree Only**

Effective Date of Coverage

Employees

Your coverage will take effect on the later to occur of:

- your Eligibility Date; and
- the date you returned your signed form.

If you don't sign and return your form within 31 days of your Eligibility Date, coverage will not take effect until you submit evidence of good health that is acceptable to Aetna.

Life Insurance

Schedule of Life Insurance

Employees

Supplemental Schedule

Classification

Retirees

Amount

The lesser of \$ 20,000 or the amount of your Supplemental Life Insurance that is in force prior to Retirement.

Adjustment Rule

If, for any reason, a person is entitled to a different amount of coverage, coverage will be adjusted as provided elsewhere in the group contract.

Benefits for claims incurred after the date the adjustment becomes effective are payable in accordance with the revised plan provisions. In other words, there are no vested rights to benefits based upon provisions of this Plan in effect prior to the date of any adjustment.

General

This Summary of Coverage replaces any Summary of Coverage previously in effect under the group contract. Requests for amounts of coverage other than those to which you are entitled in accordance with this Summary of Coverage cannot be accepted.

The insurance described in this Booklet-Certificate will be provided under Aetna Life Insurance Company policy form GR-29.

**KEEP THIS SUMMARY OF COVERAGE
WITH YOUR BOOKLET-CERTIFICATE**